IPDR6702				NORTH CAROLINA		PA	GE: 1	Т
	05/14/2006		IPF	RS CHECKWRITE SUMMARY REPORT				
			(	HECKWRITE DATE: 05/16/2006				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NONDEN.	PROVIDER NAME	2020	DENTINES	DEGENTATION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	870	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				-
								<del>                                     </del>
		11	505	CLIENT NOT ELIGIBLE ON SERVICE	0	1381	1405	24
				DATE				-
		8800	6	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				-
3404904	WESTERN HIGHLAN	8505	4006	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				-
		8800	245	FURTHER PROCESSING NECESSARY,	0	4263	5618	1355
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			<del>                                     </del>	-
								<del>                                     </del>
		79	9	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN			<del>                                     </del>	-
						<u> </u>	<del>                                     </del>	+
3404910	PATHWAYS	8505	828	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET			-	1
								-
		8800	55	FURTHER PROCESSING NECESSARY,	0	1051	1271	219
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				+
		8621	47	60 RESIDENTIAL LEVEL III TREAT				<b>†</b>
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				-
3404912	CATAWBA COUNTYM	8505	1032	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
								-
		8931	158	AMTNC INELIGIBLE TO RECEIVE SE	159	1252	2113	861
				RVICES IN IPRS.				
								-
		8599	33	DETAIL NOT COVERED BY COMBINAT				+
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				-
3404913	MECKLENBURG COM	11	5485	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
								-
		8534	6	SERVICE FACILITY LOCATION IS N	0	5494	5672	178
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				-
		8599	3	DETAIL NOT COVERED BY COMBINAT				<del>                                     </del>
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			<del>                                     </del>	-
3404916	CROSSROADS BEHA	21	1153	DUPLICATE OF CLAIM-SYSTEM				<del>                                     </del>
	VIORAL HEAL							
							<del>                                     </del>	-
		79	130	THIS SERVICE IS NOT PAYABLE TO	0	1471	6923	5452
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN			<del>                                     </del>	1
		8599	86	DETAIL NOT COVERED BY COMBINAT			<b> </b>	+
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	8505	3310	CLAIM DENIED DUE TO INSUFFICIE				<del>                                     </del>
	AN SERVICES			NT BUDGET				<u> </u>
							1	1
		11	179	CLIENT NOT ELIGIBLE ON SERVICE	31	2000	5448	1745
		-		DATE	31	3703	5448	1/45
		8599	82	DETAIL NOT COVERED BY COMBINAT			<del>                                     </del>	1
				ION OF RECIPIENT, PROVIDER AND		<u> </u>	<del>                                     </del>	+
				BENEFIT PACKAGE.				
	1							

	ı		ı	T		1		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404919	CHILI FORD CO MEN	8505	237	CLAIM DENIED DUE TO INSUFFICIE				
	GUILFORD CO MEN TAL HEALTHC			NT BUDGET				
ļ		0.500						
		8599	216	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	15	611	6092	5481
				BENEFIT PACKAGE.				
<u> </u>		191	45	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
				H PATIENT NAME				
3404920	ALAMANCE CASWEL	8599	289	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	+	79	93	THIS SERVICE IS NOT PAYABLE TO	47	603	2826	2223
				YOUR SUBMITTED BILLING		303	2320	
-				PROVIDER TYPE AND SPECIALTY IN				
<b> </b>		21	64	DUPLICATE OF CLAIM-SYSTEM				
		-		OF CAMPAN CAUSER				
3404921	ORANGE PERSON C	8505	2813	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HATHAM AREA	+		W1 202021			1	
		8800	391	FURTHER PROCESSING NECESSARY,	2	3540	4967	1427
ļ				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	91	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
ļ				BENEFIT PACKAGE.				
3404922	mun nunuau anum	8505	1455	CLAIM DENIED DUE TO INSUFFICIE				
3404322	THE DURHAM CENT ER	0303	1433	NT BUDGET				
<b> </b>		8599	1317	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	14	5264	9446	4182
				BENEFIT PACKAGE.				
		8329	1097	CLAIM DENIED ATTENDING PROVIDE				
<b></b>				R CANNOT BE THE SAME AS THE LMA				
				IRE LIVE				
3404923	FIVE COUNTY MH	11	626	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	181	DETAIL NOT COVERED BY COMBINAT	1	1048	5514	4466
				ION OF RECIPIENT, PROVIDER AND	1	1040	3314	4400
				BENEFIT PACKAGE.				
-		537	71	PROCEDURE IS NOT COVERED FOR T				
			**	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE			1	
	1			· · · · · · · · · · · · · · · · · · ·				
3404925	SANDHILLS CENTE	8505	803	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MH/DD	<del>                                     </del>		NI DODGAT				
		8518	162	CLAIM DENIED, SUBMITTED BEYOND	36	1771	4219	2448
-				FILING TIMELIMIT. PRIOR				
		1		FISCAL YEAR DOS (JULY 1 - JUNE				
		8800	153	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
-				FUTURE RA'S.				
3404926		11	761	CLIENT NOT ELIGIBLE ON SERVICE				
	SOUTHEASTERN RE G MENTAL HL	-		DATE				
		8599	88	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	10	947	3598	2651
						I .	1	1
				BENEFIT PACKAGE.				
		8533	60	BENEFIT PACKAGE.  SERVICE FACILITY LOCATION CANN				
		8533	60	BENEFIT PACKAGE.				

	T					1	moma r	momar
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8505	1097	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	97	FURTHER PROCESSING NECESSARY,	2	1285	2203	918
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0				^	
					U	U	U	U
3404930	JOHNSTON COUNTY	8505	322	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		8599	41	DETAIL NOT COVERED BY COMBINAT			0.00	20
				ION OF RECIPIENT, PROVIDER AND	0	377	397	20
				BENEFIT PACKAGE.				
		8800	11	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404931	MANUE OF THE CO.	8505	2513	CLAIM DENIED DUE TO INSUFFICIE				
2404321	WAKE CO HUM SVC	8505	2313	NT BUDGET				
	BILLING OF							
		11	300	CLIENT NOT ELIGIBLE ON SERVICE	3	3007	3268	261
				DATE				
		8599	80	DETAIL NOT COVERED BY COMBINAT				
		0099	80	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT	8505	59	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		11	17	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	116	1946	1830
				DATE				
		8800	13	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404934	ONSLOW CARTERET	8505	1466	CLAIM DENIED DUE TO INSUFFICIE				
	BEHAV HEAL	-		NT BUDGET				
		1						
		8800	425	FURTHER PROCESSING NECESSARY,	1	2784	5550	2766
		<u> </u>		PLEASE CHECK FOR CLAIM ON		2704	2330	
				FUTURE RA'S.				
	1	11	282	CLIENT NOT ELIGIBLE ON SERVICE	l			
							1	
				DATE				
				DATE				
3404935	WAYNE CO MENTAL.	0	0					
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0					
3404935		0	0					
3404935		0	0		0	0	0	0
3404935		0	0		0	0	0	0
	HEALTH CTR	0	0	*** NO DATA TO REPORT ***	0	0	0	0
3404935	HEALTH CTR  WILSON-GREENE M	0 0 8505	0	*** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
	HEALTH CTR	0	0	*** NO DATA TO REPORT ***	0	0	0	0
	HEALTH CTR  WILSON-GREENE M	0	0	*** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
	HEALTH CTR  WILSON-GREENE M	0	0 0 0 583	*** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	0	0	0	0
	HEALTH CTR  WILSON-GREENE M	0 0 8505		*** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0	749	1572	0
	HEALTH CTR  WILSON-GREENE M	0 0 8505		*** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	0	749	1572	0
	HEALTH CTR  WILSON-GREENE M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	137	*** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	749	1572	0
	HEALTH CTR  WILSON-GREENE M	0 0 8505		*** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIFIENT, PROVIDER AND  BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P	0	749	1572	0
	HEALTH CTR  WILSON-GREENE M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	137	*** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	749	1572	0
	HEALTH CTR  WILSON-GREENE M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	137	*** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIFIENT, PROVIDER AND  BENEFIT PACKAGE.  NO RATE AVAILABLE ON FILE TO P	0	749	1572	823

	1			I .	r			
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	moma r	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	TOTAL DENIALS	FINALIZED	PAID
	THOUTDEN HUME				Darrando	DENTILLO	111111111111111111111111111111111111111	111111
3404937	EDGECOMBE NASH	21	459	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8000	30	NO RATE AVAILABLE ON FILE TO P	0	494	2366	1872
				RICE THIS CLAIM DETAIL				
		8599	3	DETAIL NOT COVERED BY COMBINAT				
		0000	7	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	8505	546	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
			10					
		8800	18	FURTHER PROCESSING NECESSARY,	0	564	671	107
	1		1	PLEASE CHECK FOR CLAIM ON				
			1	FUTURE RA'S.				1
3404941		21	408	DUPLICATE OF CLAIM-SYSTEM				-
2404241	PITT CO MH/DD/S	***	-00	DOLLICALE OF CHAIN-SISTEM				
	AS CENTER	-	+					
	1	-	+					
		8535	404	SERVICE FACILITY LOCATION WAS	^	1191	2428	1237
				NOT INCLUDED IN YOUR 837.	U	1191	2420	1237
				PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	178	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH	8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
	UMAN SERVIC			RVICES IN IPRS.				
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE	5	9	957	948
				RVICES IN IPRS.				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404943	-	8599	405	DETAIL NOT COVERED BY COMBINAT				
3404343	ALBEMARLE MENTA	0333	403	ION OF RECIPIENT, PROVIDER AND				
	L HEALTH CE			BENEFIT PACKAGE.				
				DENTIL INCIDENT.				
		8505	99	CLAIM DENIED DUE TO INSUFFICIE	29	687	1699	1012
			1	NT BUDGET	29	687	1099	1012
			<b> </b>					
		21	46	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8505	1774	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		0.4	1610					
		21	1642	DUPLICATE OF CLAIM-SYSTEM	16	4607	7181	2574
	1		1					
			1					1
		79	539	THIS SERVICE IS NOT PAYABLE TO				-
	1			YOUR SUBMITTED BILLING		<b> </b>		
	1		1	PROVIDER TYPE AND SPECIALTY IN		<b> </b>		
	1	-	+	THE PART OF STREET IN				
3404946	FOOTHILLS ADDAM	8505	2663	CLAIM DENIED DUE TO INSUFFICIE				
	FOOTHILLS AREAM ENTAL HEALT			NT BUDGET				
	ENIAL REALT							
		21	629	DUPLICATE OF CLAIM-SYSTEM	27	3935	11069	7134
			<b> </b>		21	3933	11009	/134
			<b> </b>					
		1						-
		8000	248	NO RATE AVAILABLE ON FILE TO P				
		8000	248	NO RATE AVAILABLE ON FILE TO P				
		8000	248					

						TOTAL	TOTAL
	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
			DESCRIPTION				
PROVIDER NAME	EUBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	0505	242	OTATA DENTED DUE NO TROUBEROTE				
	0000	/43					
HEALTH CTR			NT BUDGET				
	8800	214	-	5	1072	1245	173
			FUTURE RA'S.				
	79	36	THIS SERVICE IS NOT PAYABLE TO				
			YOUR SUBMITTED BILLING				
			PROVIDER TYPE AND SPECIALTY IN				
NEW RIVER AREAM	8505	1899	CLAIM DENIED DUE TO INSUFFICIE				
H/DD/SA PRO			NT BUDGET				
	8931	66	AMTNC INELIGIBLE TO RECEIVE SE	76	2125	5093	2968
			RVICES IN IPRS.				
							1
	8599	64	DETAIL NOT COVERED BY COMBINAT				1
1			ION OF RECIPIENT, PROVIDER AND				
+			-				
		PROVIDER NAME EOBS  TIDELAND MENTAL 8505  NEALTH CTR  8800  79  NEW RIVER AREAM 8505  H/DD/SA PRO  6931	PROVIDER NAME EOBS DENIALS  TIDELAND MENTAL 8505 743  NEALTH CTR  8800 214  79 36  NEW RIVER AREAM 8505 1899  H/DD/SA PRO	PROVIDER NAME  DESCRIPTION  TIDELAND MENTAL.  8505  743  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  NT BUDGET  8800  214  FURTHER PROCESSING NECESSARY, PLEASE CRECK FOR CLAIM ON FUTURE RA'S.  79  36  THIS SERVICE IS NOT PAYABLE TO NOOR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  NEW RIVER AREAM  8505  1899  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  NT BUDGET  8531  66  AMTHIC INSLIGIBLE TO RECEIVE SE RVICES IN IPPS.	PROVIDER NAME  EORS  DENIALS  DESCRIPTION  DENIALS  TIDELAND MENTAL  REALTH CTR  8800  214  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RAYS.  79  36  THIS SERVICE IS NOT PAYABLE TO  YOUR SUMMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  NEW RIVER AREAM  8505  1899  CLAIM DENIED DUE TO INSUFFICIE  REALTH CTR  8801  79  36  THIS SERVICE IS NOT PAYABLE TO  YOUR SUMMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  NEW RIVER AREAM  8505  1899  CLAIM DENIED DUE TO INSUFFICIE  RT BUDGET  8931  66  AMTIC INELIGIBLE TO RECEIVE SE  76  RVICES IN IPRS.	PROVIDER NAME EOBS DENIALS DESCRIPTION DENIALS DENIALS TIDELAND MENTAL 8505 743 CLAIM DENIED DUE TO INSUFFICIE  NEALTH CTR  8890 214 FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  79 36 THIS SERVICE IS NOT FAVABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  NEW RIVER AREAM 8505 1899 CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  NEW RIVER AREAM 8505 1899 CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  8931 66 AMTNC INELIGIBLE TO RECEIVE SE 76 2125 RVICES IN IPRS.	PROVIDER NAME EOBS DENIALS DESCRIPTION DENIALS ENVALED TIDELAND MENTAL 8505 743 CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  100 214 FURTHER PROCESSING NECESSARY, 5 1072 1245  PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  79 36 THIS SERVICE IS NOT PAYABLE TO YOUR SUMMITTED BILLING PROVIDER TA'PE AND SPECIALTY IN  NEW RIVER AREAM 8505 1899 CLAIM DENIED DUE TO INSUFFICIE  NY BUDGET  100 1899 CLAIM DENIED DUE TO INSUFFICIE  NY BUDGET  100 19931 66 ANTHIC INSUFFICIE  101 19931 66 ANTHIC INSUFFICIE  102 1931 66 ANTHIC INSUFFICIE  103 1931 66 ANTHIC INSUFFICIE  104 1931 1955 1093  105 1972 1255 1593  1072 1245  1072 1245  1073 1245  1074 1255 1593  1075 1255 1593  1076 1255 1593  1077 1245  1078 1255 1593  1079 1255 1593  1079 1255 1593  1070 1070 1070 1070 1070 1070 1070 107